STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

JOE MANCHIN III
Governor

JANE L. CLINE
Insurance Commissioner

TO: ALL HEALTH INSURANCE (ACCIDENT AND SICKNESS) COMPANIES LICENSED IN WEST VIRGINIA

FROM: JANE L. CLINE
INSURANCE COMMISSIONER

DATE: JANUARY 13, 2006

RE: ANNUAL ACCIDENT AND HEALTH SURVEY

The Insurance Commissioner of West Virginia is conducting a survey of insurers writing accident and sickness (health) insurance in this State. Your assistance is hereby requested in completing the attached data request summarizing your company's West Virginia accident and sickness (health) business during 2005. You may refer any questions you have to our Financial Conditions Division at (304) 558-2100, ext. 1172.

Please submit the completed form no later than March 15, 2006.

Even if you are not actively writing accident and sickness lines of insurance in West Virginia, we ask that you complete Section III and return the form.

Thank you for your participation in this survey.

Please submit the completed form to:

Mailing Address:
West Virginia Insurance Commission
Financial Conditions Division
A & H Survey 2005
PO Box 50540
Charleston, WV 25305-0540

Street Address (for overnight deliveries):
West Virginia Insurance Commission
Financial Conditions Division
A & H Survey 2005
1124 Smith Street, Room 102
Charleston, WV 25301

INSTRUCTIONS FOR COMPLETING 2005 SURVEY
ACCIDENT & HEALTH LINES OF BUSINESS IN WEST VIRGINIA
For the Year Ending December 31, 2005

NO SUBSTITUTE FORMS WILL BE ACCEPTED
This form may be found online at

http://www.wvinsurance.gov/forms/company/acc_and_health_survey.pdf
http://www.wvinsurance.gov/forms/company/word/acc_and_health_survey.doc

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Submit the reporting form even if there has been no activity.

Report all amounts in whole dollars.

Please do not complete areas that have been shaded.

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Definitions for Column Headings:

Column A – Lists the type of health insurance business on which to report.

Column B – Number of policies in force as of December 31, 2005. This is the number of policies in force that covers any West Virginians, not the number of lives.

Column C – Total number of West Virginian lives as of December 31, 2005. This number is the total of the policyholders/certificate holders and all covered dependents, including spouses.

Column D – Member months are the total number of lives as calculated on a pre-specified day of each month. Total member months are the cumulative total of member months for the calendar year 2005.

Column E – Direct Premium Earned – This amount is the total of premium collected and attributable to 2005. **Include** any premiums paid in 2005 for 2005, but do **not include** premiums paid in 2005 for the year 2006.

Column F – Direct Claims Incurred – This amount is the total of claims incurred during 2005, whether paid in 2005 or later.

Definitions for Selected Row Headings:

Line 1a. Comprehensive/Major-Medical includes but is not limited to health insurance plan types such as indemnity, HMO, PPO and POS offering comprehensive major medical health insurance coverage. *This category **excludes** other types of non-comprehensive hospital-surgical-medical coverage such as hospital expense coverage and hospital confinement indemnity coverage.* (See Line 2 for Other Medical/Non-Comprehensive).

Line 1b. "High Deductible Health Plan" (HDHP) as defined in the Medicare Modernization and Prescription Drug Act of 2003.

Line 1c. Non-Exempt Associations are subject to the statewide community rate. The total number of policies includes the number of associations not the number of groups within the association. The total number of lives includes all the members/employees and all their dependents of all the groups that belong to every association.

Line 1d. Exempt Associations applied and received exemption from the statewide community rate. Exempt associations are community rated within the association. The total number of polices includes the number of associations not the number of groups within the association. The total number of lives includes all the members/employees and all their dependents of all the groups that belong to every association.

Line 1e. Trusts: This line pertains to the total number of policies issued to a trust, or to one or more trustees of a fund established or adopted by two or more employers or one or more labor unions or similar employee organizations. The total number of policies includes the number of trusts not the number of groups within the trust. The total number of lives includes all the members/employees and all their dependents of all the groups that belong to every trust.

Line 1f. Discretionary Groups: This line pertains to the total number of groups that do not meet the statutory requirements of associations or trusts, and have received approval by the Department of Banking, Insurance, Securities and Health Care Administration as a discretionary group. The total number of policies includes the number of discretionary groups not the number of groups within the category. The total number of lives includes all the members/employees and all their dependents of all the groups that belong to every discretionary group.

*****Note: Under II. Group Business for Comprehensive Major Medical, each line of business contains two reporting items. The first row includes both "High Deductible Health Plans" (HDHP) and Non-"HDHP" business combined. The second row includes the "HDHP" portion of the business.**

Line 2. Other Medical (non-comprehensive) includes policies such as hospital only, hospital and surgical policies (including scheduled type policies), etc. Expense reimbursement and indemnity models plans should be included. This category does **not** include Medicare Supplemental policies.

Line 3. Specified or Named Disease includes cancer policies and any other policy that pays benefits only upon the confirmed diagnosis of a listed illness.

Line 4. Limited Benefit includes **vision, prescription drug**, athletic policies (professional, amateur, or student policies providing coverage while participating in or while traveling to or from an athletic activity), and/or any other single service plan or program.

Line 5. Student Policies are policies that cover students while they are enrolled and attending school or college. These are individual policies or they can be policies sponsored by the school or college.

Line 11. Medicare Supplement (MEDIGAP) Standardized Plans are any of the plans that describe benefits specified by law and that have been available since July 1, 1992.

Line 12. Medicare Supplement (MEDIGAP) Pre-Standardized Plans are any Medicare Supplement plans issued before July 1, 1992.

Line 14. Other plans not fitting in the categories listed **must** be identified.

Line 15. Third Party Administrator (TPA) and **Administrative Services Only (ASO)** includes business where a TPA/ASO assumes no risk, but provides administrative services for a self-insured or self-funded group providing employees/members with comprehensive/major medical coverage.

Line 16. Stop Loss/Excess Loss includes coverage issued or provided through minimum premium plans or other self-funded health benefits plans for comprehensive major medical coverage only.

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1124 Smith Street, Room 102
Charleston, WV 25301

THE DEADLINE FOR THE DEPARTMENT'S RECEIPT OF THIS FORM IS MARCH 15, 2006